



Attorney Docket No: 0911.0003C

PATENT

Box Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450



### UTILITY PATENT APPLICATION TRANSMITTAL

Transmitted herewith for filing is a U.S. Non-Provisional Utility Patent Application  
entitled: **Method and Apparatus for Capturing and Analyzing Individual Patient  
Clinical Data**

naming as inventors: Michael S. Katz

and including:

- ☒ (16) pages of description (before the claims);
- ☒ (5) pages of claims ((18) total claims; (4) independent claims);
- ☒ One (1) Sheet of Abstract;
- ☒ (9) sheets of drawing(s) including Figures 1-18.

1. Also enclosed are:

- ☒ executed Declaration and Power to Prosecute
- ☐ Application Data Sheet
- ☒ Assignment and Assignment Recordation Cover Sheet
- ☒ Check No. 7106 in the amount of \$40.00 for payment of the Assignment  
Recordation Fee
- ☒ Information Disclosure Statement
- ☒ Information Disclosure Citation Form
- ☐ Preliminary Amendment
- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program  
(Appendix)
- ☐ Nucleotide and/or Amino Acid Sequence Submission
  - ☐ Computer Readable Form (CRF) on 3 1/2" floppy disk
  - ☐ Specification Sequence Listing on:
    - ☐ CD-ROM or CD-R (2 copies); or
    - ☐ paper
  - ☐ The content of the copy in computer readable form is identical to  
the content of the paper, CD-ROM, or CD-R copy of the Sequence  
Listing.
- ☐ Nonpublication Request and Certification
- ☒ Check No. 7105 in the amount of \$417.00 for the total fee as calculated  
below
- ☒ Return receipt postcard

2. ☐ Please amend the specification by inserting before the first heading the following paragraph:

This application claims priority under 35 U.S.C. §§119 and/or 365 to \_\_\_\_\_ filed in \_\_\_\_\_ on \_\_\_\_\_, the entire content of which is hereby incorporated by reference.

A certified copy of the priority application ☐ is enclosed ☐ will follow.

3. ☐ Please amend the specification by inserting before the first heading the following paragraph:

This application claims priority under 35 U.S.C. §119(e) to U.S. Provisional Application No. \_\_\_\_\_, filed \_\_\_\_\_, the entire content of which is hereby incorporated by reference.

4. ☐ Please amend the specification by inserting before the first heading the following paragraph:

This application claims priority under 35 U.S.C. §120 to U.S. Patent Application No. \_\_\_\_\_, filed \_\_\_\_\_, the entire content of which is hereby incorporated by reference.

5. The filing fee has been calculated as follows ☐ and in accordance with the enclosed preliminary amendment:

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Basic Application Fee					\$750.00
Total Claims	18	- 20 =	0	x \$18.00	\$0.00
Independent Claims	4	- 3 =	1	x \$84.00	\$84.00
If multiple dependent claims are presented, add \$280.00					
Total Application Fee					
<input checked="" type="checkbox"/>	Applicant claims Small Entity Status (subtract 50% of Total Application Fee)				\$417.00
Other fees: (specify)					
TOTAL FEE DUE					\$417.00

- ☐ This application is being filed without a filing fee. Issuance of a Notice to File Missing Parts of Application is respectfully requested.
- ☒ A check for the total fee is attached.
- ☐ Please charge \$\_\_\_\_\_ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.
- ☐ The Commissioner is hereby authorized to charge any additional appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 05-0460.

6. Please direct all correspondence concerning this application to:

**EDELL, SHAPIRO & FINNAN, LLC**  
**1901 Research Boulevard, Suite 400**  
**Rockville, MD 20850**  
**(301) 424-3640**

**CUSTOMER NUMBER: 27896**

Dated: 9/15/03

**EDELL, SHAPIRO & FINNAN, LLC**  
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Respectfully submitted by

**EDELL, SHAPIRO & FINNAN, LLC**

By:



Ira C. Edell  
Reg. No. 24,119